44000006417

(Requestor's Name)
(Address)
(Address)
,
(CitylChata (Zin/Dhana #0
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(,
Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000255273420

01/09/14--01006--016 **155.00

Effective Date 1214

SECRETARY OF STATE ON SECRETARY OF CORPORATIONS



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: JMM Safety Consultants		
Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Martin McCrory		
Name of Person	*	
JMM Safety Consultants		•
Firm/Company	,	
6214 old pollard rd.		
Address		
Jay, Florida 32565	7	SIA10 35
City/State and Zip Code	IA JAN	SCRET
bamaman36426@yahoo.com E-mail address: (to be used for future annual report notification)	9	F CC
For further information concerning this matter, please call:	1: H	DRP CR
Martin McCrory 251 236-1471	- - - -	ATION
Name of Person Area Code Daytime Telephone Number		Š
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\frac{1}{2}\$		
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Effective Date 1/2/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:
iMM Safety Consultants i.i.C.	
(Must end with the word	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	II MA C-feb. Occasionate
JMM Safety Consultants LLC.	JMM Safety Consultants
	6214 old pollard rd.
5214 old pollard rd. Jay, Florida 32565 ARTICLE III - Registered Agent, Registere	6214 old pollard rd. Jay, Florida 32565 ed Office, & Registered Agent's Signature:
S214 old pollard rd. Jay, Florida 32565 ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve mother business entity with an active Florida The name and the Florida street address of the	6214 old pollard rd. Jay, Florida 32565 ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual registration.)
3214 old pollard rd. Jay, Florida 32565 ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve another business entity with an active Florida	6214 old pollard rd. Jay, Florida 32565 ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual registration.) e registered agent are:
6214 old pollard rd. Jay, Florida 32565 ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the Martin McCrory 6214 old pollard rd.	6214 old pollard rd. Jay, Florida 32565 ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual registration.) e registered agent are: Name
another business entity with an active Florida The name and the Florida street address of the Martin McCrory 6214 old pollard rd.	6214 old pollard rd. Jay, Florida 32565 ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual registration.) e registered agent are:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

14 JAN -9 PH 4: 12

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Mem ber	Name and Address:	
	Joyce McCrory 3250 oitwell rd.		
		3250 oliveeli rd. Flomaton, al. 36441	
(Use attachment if necess	sary)		
	ner than the date of fi	ling: January 2, 2014 (OPTIONAL)	
CLE V: Effective date, if other fective date is listed, the description of filing.) CLE VI: Other provisions, if	late must be specific	c and cannot be more than five business days prior to or 90 o	
effective date is listed, the decoration of filing.)	any.	c and cannot be more than five business days prior to or 90 (

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

Joyce McCrory